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The Chirogram

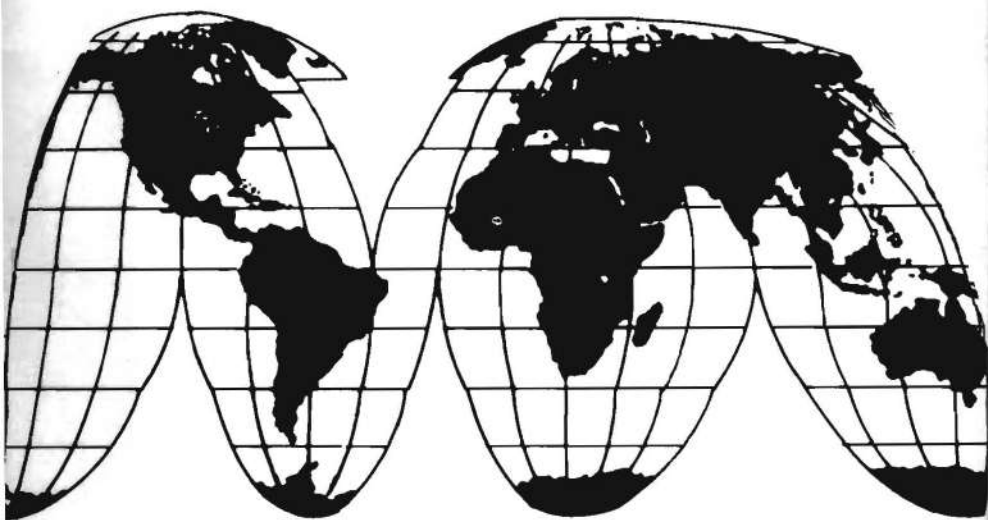
THE CHIROPRACTIC PHYSICIAN

November 1972

Vol. 39, No. 11

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EDITORIAL COMMENT



INNER SPACE

Chiropractic is an art, a science and a philosophy.
And so is all of medicine!

It is interesting to observe how violent conflicts can arise from a difference in philosophies. Wars have been fought over philosophical differences. Religions have arisen and fallen - and so have methods of healing.

Fifty years ago Homeopathy was widely practiced, now it would be rather difficult to find a Physician practicing Homeopathic Medicine.

Naturopathy once flourished. Today in many states the practice of Naturopathic Medicine is forbidden by law.

Osteopathy (as we knew it in California) became so diluted that it finally completely lost its identity.

Chiropractic has, for all these years, fought valiantly to maintain its status, and even yet it is seeking its rightful place in the sun.

Why were all of these systems of healing condemned to oblivion, or relegated to minor places in the so-called "scientific community"? Usually because the philosophy did not coincide with the generally accepted thought of the day.

When someone, or some group, elects to run against the mainstream, he is in for trouble. This is nothing new. Reich died in prison for his ideas and for experimenting to test them. Dr. Pasteur, Madame Curie and Sister Kinney, to name a few, came in for their shares of derision and persecution. I once heard the great J. B. Rhine say, "I'm afraid that my experiments are a source of embarrassment to my University." Yet, their contributions were eventually found to be worthy and correct, and are today widely accepted and used, much to the benefit of humanity. The greatest of all Physicians, One from Nazareth, went to a criminal's cross because he dared go against the mainstream;

Science demands that theories and claims meet certain criteria in order to gain acceptance. This is as it should be! No one advocates the swallowing, hook, line and sinker, of every foolish claim that is made. Many times the thin line between a philosophy and a science is merely that instrumentation is not available at that time to demonstrate, under controlled laboratory conditions certain events that present given results.

We are entering a marvelous age. Instrumentation is rapidly being developed that is propelling us into "inner space". High voltage photography is demonstrating visually, fields of energies around tissues; strange changes produced in leaves and flowers after being wounded; and different structures and forms that may be observed in such things as enzymes.

Ancient ways of thinking, once considered to be acceptable only by the ignorant, foolish or gullible person, are now being reconsidered, and brought under scientific scrutiny. Two examples are yoga and acupuncture - yes, and even religion!

(Continued on page 20)

THE CHIROGRAM • JOURNAL

OF THE LOS ANGELES COLLEGE OF CHIROPRACTIC

CIRCULATION — 11,000

THE CHIROPRACTIC PHYSICIAN November 1972 Vol. 39, No. 11

*Dedicated to the dissemination of current and research information
relative to the field of Chiropractic Therapeutics*

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THE CHIROGRAM is published monthly by the Los Angeles College of Chiropractic, 920 E. Broadway, Glendale, Calif. 91205. • ADVERTISING DEADLINE: All new display copy must be in our hands by 1st of month preceding publication. Classified Ads must be in our hands 6 weeks preceding publication, accompanied by check. Make checks payable to THE CHIROGRAM, 920 E. Broadway, Glendale, Calif. 91205. Currency mailed at sender's risk. • All contracts are subject to approval of the editorial board. The right to reject any advertising is reserved. • CHANGE OF ADDRESS: Allow four weeks for change of address to become effective. Give both Old and New Address. • SUBSCRIPTION: \$5.00 per year, 50¢ per single copy and for back issues, when available, payment in advance. • THE CHIROGRAM does not accept responsibility for opinions expressed in advertisements or signed articles.

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SLEEP

by Jerome M. Hanning

The purpose of sleep is for rest and regeneration of the body. Thus, sleep requires the maximum normal position for optimum regeneration.

The body is said to be at rest when the demands on all body systems are reduced to a minimum. The positions which provide maximum physical rest are those in which the force of gravity is offset by supports which provide comfort and reduce to a minimum the necessity for body motion or balance.

The horizontal position provides maximum rest, provided the supporting surface is comfortable and permits good body alignment. In this position a much needed rest is given capsules and joints, as well as muscles, from their required work of supporting the body when it is vertical. Rest is also given to the heart, which when the body is vertical, is required to spend more effort forcing the circulation through the vessels. Here too, it should be pointed out that the body at proper rest, in the horizontal position, requires far less metabolic processes than it would in the sitting or standing position.

Sleep is too often thought of as a time only for relaxation. This is certainly true, but while relaxing, to a degree, it must be remembered that this is the time for the maximum of body tone. Like tuning a musical instrument, the body needs its type of toning. To accomplish this, the individual must be free from psychological and physical pressures. Again, proper body alignment is vital to maintain proper innervation (balance) as well as good circulation. Local pressures could impinge either of these processes.

Dr. Maurice Linden, Director of the Division of Mental Health of the Philadelphia Public Health Services states: "Certainly restful sleep must be regarded as an important resource for mental well-being."

Dr. George Crile points out that "it seems to be the brain rather than other parts of the body which requires sleep for its recuperation". The main function of sleep then, is to rest the Central Nervous System (CNS), to allow it to get rid of waste products. There is, however, evidence to show that certain reactions are still going on in the brain.

A person may be less responsive to sleep due to the accumulation of waste products produced during the day of work, and the cells of the brain may have such an accumulation to get rid of. Also, though a person shows all the signs of sleep, the part of the brain which most needs sleep may not be asleep at all. For example a mother in caring for a sick child will awaken at its least movement.

Research has shown that when fear, anxiety, tension or stress occurs, the nervous system is affected to the point that arterioles are constricted - the end result being an increase in blood pressure. As we know, contraction of the muscular walls of the vessels is controlled by nerve impulses of the autonomic nervous system. The nervous system over which we have no control and which, therefore, maintains the bodily functions during sleep or in anesthesia.

One must take a moment to recall that 1/3 of our lives is spent asleep. The chances are very great that we are not getting the most out of our sleep.

During normal sleep the skeletal (voluntary) muscles are limp, the knee jerk is absent, there is less breaking down of stored food, but the internal muscles are little affected; the heart is slower and the breathing is unchanged or slightly increased; the pupils are constricted and respond to light; balance is lost.

This is a state that is brought on by fatigue. Different kinds of fatigue have varying effects on sleep:

Muscular fatigue: brings on soreness, due to the accumulation of lactic acid and other products of contraction, which makes sleep difficult.

Mental fatigue: whether the mind itself is subject to fatigue is extremely doubtful. Mental fatigue usually manifests itself as boredom. The aged patient will manifest this mental fatigue by a wandering of the mind, or by falling asleep. This is referred to as "brain fog".

Nervous fatigue (emotional fatigue): is characterized by irritability and jumpiness, the nervous system responding in an exaggerated manner to any kind of stimulus. It makes sleep almost impossible until it can be relieved. It is the principle cause of the present widespread use of sleeping pills. It bears no relation to work done or exertion put forth, and is not relieved by rest or sleep.

Hunger fatigue: a type of nervous fatigue. A fatigue that is becoming too frequent among business and professional people (and we might add students). This might be called a "Hypoglycemic Fatigue" because of the reduced quantity of sugar (glucose) in the blood. Due to eating habits and types of food this fatigue is not felt as hunger but as increased difficulty or exasperation with one's work or the conditions of the work.



One becomes irritable and impatient and finds it difficult to concentrate. Hunger fatigue with its jitters and nervous excitability is by no means limited to business hours. It can and does occur also during the hours that should be devoted to sleep. It is a great hindrance to restful sleep, in fact more so than to business efficiency. With blood sugar below normal, energy is not available for the restorative processes.

The ill effects of lack of sleep have been exaggerated. In the main, ill effects are caused by drugs or other methods that the patient has taken for sleep. War and other conditions necessitating prolonged activity have required persons to go two or three days without sleep, and their mental efficiency may not be even temporarily lowered. A person can be conditioned to take very short periods of sleep, no matter what the discomfort.

Sleeplessness (insomnia) is a disease confined to the sick and worried, to petted children and to pampered men and women. The worst sleepers are those who take most precautions against being disturbed. They do not become immune to many of the natural surroundings.

The misery of insomnia is variable; some are hardly affected by it, to others it is the worst catastrophe that could befall them. To those whose thoughts are unhappy, who have various anxieties and fears, this is very real suffering, but generally one of their greatest troubles is their inability to sleep and this keeps them awake - it's a vicious circle.

Surveys have shown that more than half the adults in the United States are chronic insomniacs. And, as a result, one of the biggest booms in business has been in the area of manufacturing, prescribing and merchandising of sleeping pills. Mechanical sleep inducers also share in this bonanza. Well over 500 tons of sleeping pills are sold annually in America.

The average patient who is tense wants to keep on being active. For this reason, people who live under constant stress tend to keep busy far into the night - especially with their mental work. Finally they hurry to bed and expect to fall asleep immediately. They try to turn sleep on and off. Their constant complaint to the doctor is, "I just cannot turn my mind off - no matter how hard I try." When they cannot "turn off the mind" (and it is very hard to do), they begin to worry. So, their *stress* and *tension* is added to, with the third destroyer of relaxation, which is *worry*!

Married people with conflicting sleep patterns are likely to encounter serious problems. These basic differences in sleep pattern can be responsible for many marital conflicts.

Good environmental conditions (work, school, home) can help to ease tensions. The ability to relax is one of the surest symptoms of the patient's mental and emotional health. If he can relax away little tensions as they occur, he stands a very good chance of preventing an accumulation of big tensions.

Often the simple process of "talking it out" with the doctor in the privacy of the office, out of earshot of everyone, including the nurse or CA will do wonders in relieving the patient of his tension. The patient "gets it off his chest". Technically, the doctor has allowed the patient to "ventilate". Simple and uncomplicated office counseling, with the doctor in the role of the interested and confidential listener can be the first step in the case handling of insomnia. It is also a valuable diagnostic aid to the physician in determining how much of the muscular tension as well as the organic malfunction that he is encountering in the patient may be psychogenic.

Each individual must find what their own needs are in the way of relaxation and for sleep, and in these respects, the physician must recognize that every patient is different.

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SHOULD PHYSICIANS JOIN THE UNION?

by

Dr. Raymond Houser
National Health Federation

Not many years ago this question would have been answered by almost every physician with an emphatic "No" followed by "it will never happen". But today we sense a significant shift in the attitudes and thinking of the members of the medical profession on this matter. To date, doctors' labor groups have been formed in Texas, Nevada, California, Florida, Maryland, and Massachusetts. The group in Nevada is affiliated with the AFL-CIO. The largest group is the one in San Francisco which organized with 600 members.

Why should this question be of interest to the average patient in the first place? Does it involve him .. particularly if he enjoys a state of health which has enabled him to avoid the necessity for the services of a physician?

Basically, a strong, well organized physicians' union could profoundly affect fee schedules, the availability of health care, it could create an even stronger medical monopoly than now exists. With some form of national health insurance becoming almost a certainty within the next few years, everyone is likely to be paying (through payroll deductions or taxes) for care whether or not he receives care. The type of care and the cost of the program could be greatly influenced by the demands of a strong union if it exists.

In exploring this matter of doctors' unions, the National Health Federation is interested primarily in what impact these unions may have on health care delivery and how it will affect the patients, the consumers ... providing, of course, the union idea takes hold nationally and if sufficiently large numbers of physicians become members of unions to place the profession in a bargaining position.

Before we may speculate on the effects of unionization on health care delivery, we must understand some of the arguments for unionization as voiced by members of the medical profession themselves. Through this, we may gain an insight into why the idea of doctors' unions is gaining ground.

Physician proponents of unionization view with trepidation the current trend of matters which vitally effect their economic positions their traditional doctor-patient relationship, and their freedom to practice as they choose. With the introduction of Medicare, then Medicaid, and the fact that a majority of persons are now covered by some form of health insurance, a third party is involved when the doctor sees the average patient. This third party is government, insurance companies, labor and/or industry -- viewed by most doctors as antagonists.

With the passage of time, this third party force has become more powerful and more dictatorial in the eyes of the average physician.

This third party has set fee schedules; in some cases has placed limitations on what the doctor may do for his patient, regardless of what may be best; and, in general, has imposed upon the profession a policy of "practice by the budget". Third party representatives counter that such limitations, including fee schedules, are essential. Otherwise, they say, health care, including health insurance, would be beyond the financial reach of the majority of the people.

Many will ask, "Why do physicians feel that they need a union when they already have the American Medical Association?" After all, The AMA is regarded as a trade union by many outside the profession. The union proponents reply by saying that the time of the AMA has passed and that it is now losing, rather than gaining influence. Further, many physicians feel that the AMA hierarchy has lost touch with the problems of the rank and file members. One doctor asks of his colleagues, "How long has it been since the AMA polled its members on any matter of urgent national interest??"

* The physician proponents of unionization somehow seem to believe that most of their grievances could be solved by a strong representative organization working solely for its members and at their behest. Whether or not this is a faulty conclusion, no one can say for sure at this point, but NHF suggests that after unionization, doctors may well find themselves facing a new set of problems in exchange for the problems solved through unionization. Furthermore, isn't it possible that by the time the union grows into maturity, the individual doctor may find he is just as powerless to influence union policy as he is now in influencing AMA policy?

Apparently the strongest motivating factor in gathering support for the idea of unionization is the need for a strong organization to bargain with the third party forces to the end of achieving a "fair" fee schedule, greater freedom in the treatment of patients, less paper work, and blocking the present trend of a growing regimentation. Many proposed changes are in the making which would alter the traditional system of delivering health care but these changes are being advocated by politicians and health planners. Doctors view these proposed changes as threats to their security and to the quality of care. They remind us that any money saved by these proposals is accomplished only at the expense of patients as well as themselves.

Then, union proponents believe that through collective bargaining, hard and fast contracts could be hammered out with the third parties which would keep the physicians' rights from being trampled. And what if collective bargaining fails? Then, of course, there is the traditional union weapon -- the strike. Withholding medical care completely, however, is an unpalatable thought to most doctors. They do suggest, on the other hand, a slow-down of service such as withholding office care and seeing only the critically ill or emergency cases at the hospital.

Where do patients stand in all of this? It is obvious that they become pawns -- caught in the middle between two forces. Yet they are in this position very innocently. The grievances are not primarily between doctor and patient, and yet the hard bargaining that is envisioned, definitely and ultimately affects the patients.

The National Health Federation recognizes as legitimate, some of the grievances expressed by the doctors and, in general, opposes regimentation of members of the healing professions because it tends to destroy initiative and progress. However, we can see higher health care cost as a certain result of unionization. We can see the possibility of stronger medical monopoly than even now exists. Purely from the patients' standpoint, we can see both advantages and disadvantages. But there are a host of other factors which have helped make health care, including health insurance, so expensive and these factors are not apt to be influenced by unionization.



COLLAGEN

by Arla R. Markin

A house is no stronger than the materials that hold it up. Neither is the human body!

The material in the body may be compared to wood, nails and cement. The material is called Collagen; it holds the cells together.

If the building is defective, it will begin to break down; not all at once, as in a violent earthquake, but little by little, as though termites were etching away. In our bodies, this etching away is called arthritis, capillary fragility, easy bruising, hemorrhoids, disc compression and many other destructive processes of bone, cartilage, blood vessels and other tissues.

Collagen is the supportive structure of protein, bone, skin, muscles and other tissues. So long as the tissues have the proper strength provided by the collagen, they are unlikely to allow invading microorganisms to penetrate the "Castle of Life" - the living cell. If collagen is defective, the castle is left unguarded, unprotected, and the enemy can invade the stronghold at will. The cells, instead of being in a healthy state, are weakened; the "castle" is destroyed from within, and swept uselessly and helplessly into the blood stream as waste matter. When this happens, there is cellular chaos and disease may run rampant.

There are many costumes that are worn by collagen diseases, intractable lumbalgia, gout, myositis, rheumatic fever, rheumatoid arthritis, fibrositis, scleroderma, ulcerative colitis and hundreds more.

Because of the importance of collagen, it is essential that the physician know and understand what vitamins and minerals are necessary to its maintenance.

We, as doctors, know that Vitamin C plays an important role in the maintenance of good health, and that collagen demands its quota of Vitamin C, yet, even people who take 100 or 1000 times the so-

called minimum daily requirement (MDR) still get sick. We ask ourselves the question, "Why?". The same question was asked by scientists, especially those in the area of nutritional research. On April 15, 1970, at the American Institute of Nutrition, a part of this question was answered. Research scientists, at a symposium, delineated with graphs, charts and tabulations, the essential roles of iron, zinc, copper, and manganese. Without a proper amount of any one of these minerals, healthy collagen is impossible. Each of these trace elements work in enzyme systems. If manganese, which is essential to the skeletal enzyme system is deficient in the diet, skeletal and postural will result, as was shown by animal testing. Manganese is essential because without it, chondroitin cannot produce enough chondroitin-sulfate, which is the strength, or bodyguard of the bone. In animals, some diseases have always been considered hereditary, yet with large amounts of manganese during gestation, the occurrence of the expected congenital defect was prevented. It seems valid to suppose that there must be a link between a gene and manganese metabolism.

Iron

Dr. Darwin J. Prockop of the Department of Medicine and Biochemistry at the University of Pennsylvania says that collagen in connective tissue is synthesized by a series of steps involving a precursor of collagen called procollagen. Iron has been shown to be required for the hydroxylation of both protein and lysine in this procollagen. Even though our land is rich in iron, some commercial fertilizers that may grow crops faster and bigger, may not react or combine chemically with the iron, and may not always be taken into the plant. Dr. Prockop told the FDA and the Department of Agriculture that no longer can you say that a tomato is a tomato, no matter where it is grown.

Many of our cattle grazing lands have been commercially fertilized to the extent that iron depletion in the soil is a real possibility. Livestock feeding upon the grass from such soil would become anemic. Humans, depending upon meat for much of their iron, might not derive a sufficient quantity from anemic animals.

Copper

Copper is essential in the formation of Elastin. Elastin is a critical component of blood vessels. A copper deficient diet may result in or contribute to osteoporosis, spontaneous fractures, excessive joint movement, and result in deformity. All of these conditions involve collagen. Dr. Carnes, of the University of Southern California School of Medicine, says, "The refining process that food undergoes is further robbing us of our copper birth-right. Sixty-eight percent of our copper content is destroyed. This is enough to deprive you of strong elastin, and of collagen necessary to prevent structural defects and cardiovascular accidents."

Zinc

"Zinc is essential for wound healing", says Dr. Nelson Westmoreland, of the Department of Anatomy, Harvard Medical School. Animals with a zinc deficiency have been proven to have abnormalities in long bones and usually display weak intervertebral discs.

Summary

Many questions have yet to be answered as to the cause of disease.

There is much conflicting opinion concerning the cause of disease, among various disciplines of medicine, and among various re-

The collagen diseases among the people of the United States are in the majority.

The question is, are they really caused by trace mineral deficiencies, subluxations, viruses, toxins, or all?

It should be noted that most all of the population of the United States generally get their food from the same source; some get sick frequently, others almost never. Some people are more susceptible to certain kinds and types of diseases, and some are immune. Why?

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DR. EARL B. GERHEIM JOINS LACC STAFF

Dr. Earl B. Gerheim, formerly of the Michigan College of Osteopathic Medicine has joined the faculty of the Los Angeles College of Chiropractic, as Chairman of the Department of Physiology, according to an announcement made by Dr. George H. Haynes, the Administrative Dean and Executive Officer of the college.

Dr. Gerheim is a native of Pennsylvania, is married and has four children.

His military service extends back to 1942, in the Medical Service of the United States Marine Corps.

He earned his Bachelor of Science degree from the University of New Mexico and his Ph. D. from the University of North Carolina.

Dr. Gerheim has held teaching positions, and has engaged in research at the University of North Carolina School of Medicine, Wayne University College of Medicine, the University of Detroit

School of Dentistry, the University of Tennessee, the Pacific Lutheran University, the Texas College and the Michigan College of Osteopathic Medicine.

He has served in the capacity of Director of the Bio-Research Department of the Sherman Laboratories at Detroit, and as Director and Financial Officer of the J. M. Richards Laboratories.

Dr. Gerheim holds membership in Sigma Xi, Phi Sigma, Phi Alpha Theta, the Scientific Research Society of America, the Association for American Immunologists, the Detroit Physiological Society and the Society of American Bacteriologists.

He is currently active in the American Physiological Society, the Society for Experimental Biology and Medicine, the New York Academy of Sciences and the American Association for the Advancement of Science.

Dr. Gerheim is the head of a scientific family. His wife, Julia, is a Medical Technologist at Memorial Hospital at Long Beach, Calif., having trained at Los Angeles County General Hospital.

Earl C. (29) is an Associated Press correspondent, a Vietnam Marine Combat correspondent with two purple hearts. His wife was a nursing student, taught by Dr. Gerheim.

Kathleen (25) teaches emotionally disadvantaged children and is married to a Ph. D. Industrial Psychologist.

Frank (22) is pursuing his studies at Long Beach Junior College after four years in Japan with the Air Force Administration.

Brian (20) is a science fiction author and soon returns to his college studies. Dr. Gerheim is proud of his family, and with good reason.

"Los Angeles College of Chiropractic is fortunate to have the services of Dr. Gerheim. With his rich background in science and education he will ably fill the important position to which he has been appointed," said Dr. Haynes, "we welcome him to the faculty and to the expanding area of chiropractic education."

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BUT WHAT OF TOMORROW? — Part 2

Harold Heintz Payne, D.C., F.I.C.C.

Before this country became so heavily populated and highly industrialized, there were extensive forests and great plains that extended over immense areas covering hundreds and hundreds of miles.

The debris of that era did not present the problems of today!

Over the past two centuries we have devastated and nearly destroyed our great forests and ravished our land to accommodate our ever-increasing population, built homes, barns, granaries and storehouses, pursued our highly mechanized agricultural industry and developed complex manufacturing and process-emit great quantities of noxious, poisonous, exhaust gases as they scurry over our streets and highways. Diesel powered trucks and trains that crisscross the nation like a giant spider's web from coast to coast, loaded with perishable produce, staples and all manner of manufactured items, as well as the airplanes, including the monstrous jets that streak across the skies like comets, play their part in contaminating the atmosphere.

The stacks of our smelters, tanneries, petroleum refineries, manufacturing plants such as those that produce synthetic textiles, rubber and many other products spew acid, eye-irritating, foul-smelling, choking fumes into the already defiled air. Some of these offensive, malodorous fumes especially the sulfides, disulfides and oxides, are so destructive that they result in defoliation and death to much of the surrounding plant life. These same stacks often belch tons of dirty, stifling, greenish-yellow or greyish-black smoke that hangs over the horizon and may be seen for miles in all directions, like a dire pall of threatening doom.

Many manufacturing and chemical plants have been guilty for years of disposing of their various industrial wastes, as have some municipalities (which is even worse) of emptying their raw or, at best, only partially processed sewage and garbage, directly into our rivers, lakes, harbors and seas. These highly undesirable, unwarranted and unscrupulous practices and procedures cannot be too strongly deplored, censored or condemned. In numerous instances, they have polluted our water-ways to such a degree that the life of their flora and fauna is, in some areas, not only dying but threatened with extinction.

Certainly, it goes without saying, that such water is unsafe for human consumption and unfit for swimming and bathing purposes and at the same time presenting a potentially serious and dangerous condition relative to life and health.

Let it be said, however to their credit, that the directors and engineers of many of these plants have or are of their own initiative taking stringent measures to attempt to correct these health hazards that so generally have beset man-kind, such as the elimination of offensive fumes, water contaminants, excessive noise and other troublesome by-products.

Noise is being recognized more and more as a health hazard, not only affecting the worker in the vicinity of its origin, but often also those in the general area. Measures are being taken by some plants to correct, or at least limit this nuisance to a level regarded as being within the acceptable limit of health safety.

This is especially true of the petroleum, electric utility installations and, no doubt, many others as well. Where such measures were or have not been taken on their own, laws have, or are in the process of being passed, forcing these plants to conform and to make the necessary corrections, or be subject to stiff reprisals or fines, or both.

Also many farseeing, progressive thinking superintendents, managers and directors of industrial manufacturing plants recognized the value, not only to their workers, but to themselves, from an esthetic viewpoint, when their surroundings, especially their grounds, were properly landscaped and beautified by professional gardeners. This was brought about by the planting of shrubs, trees, flowering plants, plots of grass or extensive lawns. The personnel is now generally proud to point out to their families and friends alike that that is where they are employed as workers or researchers.

This is a far cry from many of the industrial plants of some decades ago. Most of them were unattractive, gray, foreboding structures. Certainly not conducive to one's emotional well being.

The over-refinement of many of our foods, the synthetization of most of our medications and untold thousands of other articles; and perhaps the overuse of synthetically prepared fertilizers are beginning to play their part in upsetting the balance of nature and our own well-being.

Man must remember that he is a part of nature and cannot escape from it without dire consequences to himself and to those that follow.

Many of the above mentioned factors are beginning to backfire to man's disadvantage. He now finds himself, as it were, in the precarious position of having a bear by the tail and not knowing how to let go of it safely and sanely.

Man has abused his environment for some time and also his natural resources, but only recently, in most instances, has he recognized the seriousness of his folly and the necessity of taking corrective measures. He must take these steps voluntarily to conserve and protect these natural assets, or he will be forced to do so by government decree, this in order to survive.

But, if the drastic changes advocated by some so-called ecologists and self-appointed environmentalists were to be suddenly put into effect, we would be so quickly thrown into such a state of confusion and panic that we could not at all adequately cope with the situation.

Instead, we would soon find ourselves in an overwhelming, chaotic predicament of the worst magnitude. Our industrial and transportation systems would be forced to a virtual standstill. There would not only be a shortage of foodstuffs, but little or no fuel to keep us warm, or to cook what little food we might have on hand. Neither would there be enough fuel to operate our basic industrial and manufacturing plants.

Nearly all of our food, water, staples and other necessary items to conduct life in our cities and our highly populated residential areas are directly dependent upon transportation from the outside world. Everything must be imported to us or we would soon die from starvation and disease.

Greed would lead to rioting arson, murder and rape. These would be rampant, and though the country would have to be put under martial law, neither the military nor the law enforcement agencies could competently control the horrifying and appalling situation.

These changes cannot be accomplished overnight, but by a gradual process by those who have the know-how, not by johnny-come-lately philosophers or those who have withdrawn from our society. These latter know something is wrong but not one has offered a single constructive thought. Instead, their efforts have been, too many times, directed principally toward destroying all that is and

has been, with apparently little discernment between that which is worth saving and that which could rightfully be discarded.

If some of these people in this country who are so deeply concerned about the chemical warfare and defoliation in Vietnam showed a little more concern about our own problems here at home and put forth some constructive efforts to correct these, they would, no doubt, be doing themselves and all their fellow Americans a useful service.

Let the professional ecologists and engineers who have the ability, or can develop the ways and means of correcting these serious problems handle them.

In fact, the very sciences and advanced technologies that have nearly been our undoing can be directed and applied in such a manner as to make the necessary corrections.

Yes, we recognize that ecological and environmental changes must be made, not only for ourselves for our immediate survival but for the sake of our children and the following generations to come.

(INNER SPACE continued)

We recently heard a learned scientist, within the halls of a great University, discuss the Innate Intelligence of the Body, in the process of healing. The words, *Innate Intelligence* were actually used! A bio-physicist discussed the "*Intelligence of the Cell*" and the existence of a "*known but little understood life force*" that flows through the body. An eminent physician discussed "*Trigger Points*", upon or within the skin, capable of bringing about changes within the body, when utilized as treating areas.

It seems that Daniel David Palmer and Andrew Still lived a century before their times. Had they lived today, their theories and philosophies might, perhaps, have been listened to with scientific curiosity, and could have possibly opined, "something is here - we don't understand it, but let's investigate it."

We are, indeed, being catapulted into a wonderful age - and the art, science and philosophy of chiropractic is going to be right in the middle of it!

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TAX TIPS

by Irving Besen, C.P.A.

The year-end is meant for tax planning. Taxes saved can make it a better Christmas.

A chiropractor should use the cash method of accounting. That means it is income when you receive the money, not when you adjust the spine. Likewise, it is deductible when you pay an expense, not when you receive the material or the service.

This allows for flexibility and planning. Generally it is best to spread out one's taxable income evenly over a period of years, because of the bracket system of tax rates. However, there are times when it is better to have more income in one year than in an adjoining year.

Examples: if tax rates are going up or down, if a tax surcharge is starting or ending, or if you already have established gains or losses.

You can shift the year of income by billing early or late, or by selling property now or later. You can shift the year of deduction by making deductible payments in the desired year, or by taking losses now or next year.

Capital gains and losses require planning. Strive for long-term gains. Avoid long-term losses. Use a short sale against the box to transfer a transaction to the following year.

An older tax payer should not sell property on which he has a substantial gain, as income tax will never be paid on that gain if the property passes to his heirs.

If your itemized deductions total \$2,500, shift about \$1,000 into 1973. Use the standard deduction in 1972 (\$2,000). Thus you'll deduct a total of \$5,500 in the 2 years rather than \$5,000.

In many years you will not have a medical deduction because the total must exceed 3% of your adjusted gross income. In such a year, delay such payments into the following year where they may possibly be of use.

Or, if it's been a bad year medically, accelerate year-end payments into this year if next year looks to be better.

Of course, you must treat the entire tax return as a unit in any therapeutic program.

Always consider the effect of state and local taxes.

Merry Christmas!



New Nerve Fiber Discovered!

A group of research scientists of the University of Melbourne in Australia has discovered a previously unknown type of nerve fiber in the human nervous system, which could lead to an entirely new clinical approach to human nerve disorders such as high blood pressure, stomach ulcers and Hirschsprungs disease.

Until recently it was thought that the working of the autonomic nervous system which controls organs such as the heart, lungs, stomach and bladder was fairly well understood, but a research team at the zoological department of the University, led by the English-born Professor Geoffrey Burnstock, has shown that the functioning of the autonomic nervous system is more complex than was previously thought.

What the team discovered appears to be a third unit of the autonomic system, a type of nerve fiber that causes stomach muscles and intestines to relax, but does not act by releasing either noradrenaline or acetylcholine, both of which are 'chemical messengers' of the adrenergic and cholinergic nerves. Until now these were the only two types of nerve fibers thought to exist, but after seven years of research, Burnstock and his team have found the third unit, tentatively named "Purinergic", which releases the 'chemical messenger adenosinetriphosphate.

Research has shown the purinergic nerve fibers are present in the human intestine and Burnstock believes they may also be found in the lungs and bladder as well as some blood vessels. It is hoped drugs can be found to act on them to assist in the treatment of disorders that their overactivity or underactivity might cause.

Burnstock, 42, has been head of the University of Melbourne's zoology department since 1964, coming to Australia from the Department of Pharmacology at Oxford University.

*Minnesota Chiropractic
Association News-
letter.*

CHIROPRACTIC PHYSICIAN AUTHORS TRAVEL TEXT

A chiropractic physician, turned author, decided that a new text-book was needed on tourism, and he sat down and wrote one.

Dr. Urban Terbieten, of San Antonio, Texas, a graduate of LACC has traveled throughout the world. During his travels, and based upon his experiences, he decided that the texts being used in the various universities that include travel and tourism courses were not up to date.

Dr. Terbieten said, "I took the hundreds of notes I jotted down over the years and used them to compile my textbook."

Titled "Studies in Tourism", the textbook, primarily aimed at the Latin American market, will be used as the official text for the Department of Tourism at the University of Guadalajara, where Terbieten has taught various courses.

The manual may possibly also be used for teaching persons going into the travel and tourism business, at the University of Madrid, according to the doctor. He added, "They have shown interest in obtaining the textbook for their classes on travel."

Terbieten said that this is the first time a travel textbook specifically aimed at the Latin American market has been written on the North American continent.

Says the author, "This book teaches the traveler how to get more for his travel dollar, and also teaches the travel agent how to get more of the millions of tourist dollars spent annually."

Dr. Terbieten pointed out that there are only four universities in the United States that offer degree courses in tourism, "and they are either up north, or in Hawaii."

It is the feeling of the chiropractor-author that courses should be available in Texas universities for students interested in the business of travel and tourism, "particularly tourism courses aimed at Latin America."

X-RAY CLINI-QUIZ



by

Philip C. Runsten, D. C.
Certified Roentgenologist

1. For a pneumoencephalogram, air is usually put in through a (an):

- A. Lumbar puncture
- B. Burr hole
- C. Vein
- D. Artery

2. Retrograde pyelography does not demonstrate:

- A. Kidneys
- B. Ureters
- C. Kidney function
- D. Urinary stones

3. Injection of opaque material directly into the spleen is called:

- A. Splenic arteriography
- B. Transhepatic cholangiography
- C. T-tube cholangiography
- D. Splenoportography

4. In tomography, the objective plane is always placed:

- A. Perpendicular to the film
- B. Parallel to the film
- C. Obliquely to the film

5. When the object-tube and object-film distances are equal, a (an) _____ image results:

- A. Enlarged
- B. Diminished
- C. Natural sized

(ANSWERS ON PAGE 28)

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